

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41671

State File No. ....

FILED JAN 2 1951

BIRTH NO. .... REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5898 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived, or institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trail, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trail, Mo.</u>	
c. LENGTH OF STAY (If in this place) <u>66 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0770</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Berry</u> c. (Last) <u>—</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-10-50</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>5-8-84</u>
9. AGE (In years last birthday) <u>66</u> if UNDER 1 YEAR Months <u>7</u> Days <u>2</u> if UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>Blanche, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Mo. Berry</u>	
13b. MOTHER'S MAIDEN NAME <u>Harriet Stucke</u>		14. NAME OF HUSBAND OR WIFE <u>Eda A Berry</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <u>Garrel Berry, Trail Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>—</u>		DUE TO (c) <u>—</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		15201	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Hoernow</u> (Degree or title) <u>Dr. 3rd Coroner</u>		23b. ADDRESS <u>Gainesville, Mo.</u>		23c. DATE SIGNED <u>12-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blanche</u>	24d. LOCATION (City, town, or county) (State) <u>Blanche Mo</u>	DATE REC'D BY LOCAL REG. <u>12-19-50</u>	
REGISTRAR'S SIGNATURE <u>William Cogswell</u>		FUNDAL DIRECTOR'S SIGNATURE <u>Robert H. Hume</u>		ADDRESS <u>Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0770

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED

DEC 28 1950

Dist. File 1250-2584

Date Filed 12-28-50

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*D. D. Robertson*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3432

P. O. Address West Plains

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.